

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

16648

Registrar's No.

4803

ED. JUN 4 1943 18

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 2 Mos., 6 Days
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME..... Phillip Stivers3. (b) If veteran,
name war..... None3. (c) Social Security
No. 495-22-26774. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife.....
Hester L. Stivers 6. (c) Age of husband or wife if
alive..... 32 years7. Birth date of deceased..... June 19, 1898
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
44 11 2 hr. min.9. Birthplace..... Winfield Kansas
(City, town, or county) (State or foreign country)10. Usual occupation..... Printer

11. Industry or business.....

12. Name..... William R. Stivers13. Birthplace..... Unknown
(City, town, or county) (State or foreign country)14. Maiden name..... Edith Condit15. Birthplace..... Unknown
(City, town, or county) (State or foreign country)16. (a) Informant..... Hester L. Stivers(b) Address..... 4489 Washington Blvd.17. (a) Burial (b) Date thereof..... 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation..... Memorial Park Cemetery18. (a) Signature of funeral director..... Albert H. Hoppe, Inc(b) Address..... 4700 Washington Blvd.19. (a) MAY 2 1943 (b) J. J. Budick
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No..... 4489 Washington Blvd.
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... May day..... 21,
year..... 1943 hour..... 4:50 minute..... A. M.21. I hereby certify that I attended the deceased from..... March
15, 1943, to..... May 21, 1943,
that I last saw him alive on..... May 21, 1943,
and that death occurred on the date and hour stated above.Immediate cause of death.....
EmpyemaDue to..... Pulmonary TuberculosisDue to..... Intestinal TuberculosisOther conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....Of autopsy..... as above

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (a) Means..... injury
 23. Signature..... Louis G. Neubruff (M. D. or D. O.)
 Address..... 1515 Lafayette Avenue Date..... 5/23/43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

D. W. Wilkins

Licensed Embalmer No..... 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.